

Date Fee Received:	Amount: \$	Check/MO Number:	Staff Initials:	License Number:
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OIG-DRCC-01
R. (2018)
922 KAR 2:090

**COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Office of Inspector General
Division of Regulated Child Care**



INITIAL CHILD-CARE CENTER LICENSE APPLICATION

Instructions: All information on this application must be truthful and correct. Complete this application in its entirety, as appropriate. Not all sections apply. Incomplete applications will not be processed. Please contact the Division of Regulated Child Care if there are any questions relating to this application.

SECTION 1: PROGRAM INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)			
Have you applied for the food program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a(n): <input type="checkbox"/> Early Head Start Center <input type="checkbox"/> Head Start Center	
Name of Center as it is to appear on license:		Telephone Number: () Alternate Telephone Number: () Fax Number: ()	
FEIN-Federal Employee Identification Number:			
Street Address of Center (physical address):	City:	County:	Zip Code:
Mailing Address of Center (only if <u>different</u> from physical address):	City:	County:	Zip Code:
Maximum Capacity:	Center E-Mail Address (required):		
Is this center location the home of the licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , all household members (adults only) must be identified and have completed National Background Check Program findings. Please attach a list of the household members with each person's name, SSN#, date of birth and relationship to you.		
Number of Buildings to be used for the center: _____	Number of Rooms used in each building: _____	Food Service Permit Number: (if applicable) _____ or N/A	
Check all service options requested: ___ Infant Care ___ Toddler Care ___ Preschool Age Care ___ School Age Care ___ Transportation			
Days and Hours of Operation: <input type="checkbox"/> 24/7 care <input type="checkbox"/> Non-Traditional Hours: 7 pm through 5 am M-F or 7 pm on Friday until 5 am on Monday			
Opening Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	SUN	MON	TUE
	_____	_____	_____
	WED	THU	FRI
	_____	_____	_____
	SAT	_____	
Closing Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	_____		
Months of Operation:	<input type="checkbox"/> School Year Only		<input type="checkbox"/> 12 months/year round
	<input type="checkbox"/> Other _____		

CONTACT INFORMATION of Licensee/Lead Representative/Contact Person

Full Name:		Title:	
Home Address:	City:	State:	Zip Code:
County of Residence:	Company Email address:		
Social Security Number:	Date of Birth:		
Home Telephone Number: ()	Cell/Mobile Telephone Number: ()		

DIRECTOR INFORMATION

Full Name:		Email address:	
Home Address:	City:	State:	Zip Code:
Social Security Number:	Date of Birth (must be 21 years old or older):		
Home Telephone Number: ()	Cell/Mobile Telephone Number: ()		

SECTION 2: OWNERSHIP TYPE (CHECK ONE)

<input type="checkbox"/> Sole Proprietor	Individual Licensee	Complete A
<input type="checkbox"/> Corporation	Secretary of State Documentation required	Complete B
<input type="checkbox"/> Public Service Corporation (PSC)	Secretary of State Documentation required	Complete C
<input type="checkbox"/> Limited Liability Company (LLC)	Secretary of State Documentation required	Complete C
<input type="checkbox"/> Partnership	Partnership Agreement required	Complete D
<input type="checkbox"/> Government/Non-Profit <input type="checkbox"/> Organization	e.g. Governments, Organizations, School Boards	Complete E

A: SOLE PROPRIETOR
Special Instructions:
 Attach a copy of a Photo ID or Birth Certificate

Full Name:			
Social Security Number:	Date of Birth:	Email address:	
Home Address:			
City:	State:	Zip Code:	Telephone Number: home or cell? ()

B: CORPORATION/INC
Special Instructions:
 Child-care licensure requires the following to be attached:
Articles of Incorporation to include the *name, address, and telephone number* for each member of the Board of Directors.
 **Please note: Your status with the Kentucky Secretary of State must be Active and in Good Standing.

Name of Corporation:		Secretary of State Organization #:	
Address of Corporation:		Business Email address:	
City:	State:	Zip Code:	Business Telephone Number: ()

C: LIMITED LIABILITY COMPANY/LLC**Special Instructions:**

Child-care licensure requires the following to be attached:

Articles of Organization and include the *name, address, and telephone number* for each manager and member.

**Please note: Your status with the Kentucky Secretary of State must be Active and in Good Standing.

Name of Limited Liability Company:			Secretary of State Organization #:
Address of Limited Liability Company:			Business Email address:
City:	State:	Zip Code:	Business Telephone Number: ()
Incorporated in which State?	If out of state, is the corporation registered in the State of Kentucky? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please register prior to submitting an application		

D: PARTNERSHIP**Special Instructions:**Attach a copy of the **Partnership Agreement**Attach a copy of the **Photo ID or Birth Certificate** for each partnerIf registered with the Secretary of State as a LLP or other entity, please attach a copy of the Articles of Organization and include the *name, address, and telephone number* for each manager and member.

Partner #1 Full Name:			
Social Security Number:	Date of Birth:	Email address:	
Home Address:			
City:	State:	Zip Code:	Telephone Number: home or cell? ()

Partner #2 Full Name:			
Social Security Number:	Date of Birth:	Email address:	
Home Address :			
City:	State:	Zip Code:	Telephone Number: home or cell? ()

E: OTHER ENTITY- NOT INCORPORATED (Governments, Organizations, School Boards, etc.)

Name of Entity:			
Address of Entity:			Business Email address:
City:	State:	Zip Code:	Business Telephone Number: ()

SECTION 3: ATTESTATION (To be completed by all applicants)

- Is the applicant the parent, spouse, sibling, or child of a previous licensee whose license was denied, suspended, or revoked, and the previous licensee will be involved in the child-care center in any capacity?
 Yes No If yes, please explain: (attach additional sheet(s) if necessary)

- Have you or anyone associated with this application held, or currently hold, another child-care license or family child-care home certification? Yes No If yes answer below (attach additional sheet(s) if necessary):

Which type? License or certification? _____ What is the provider number (CLR)? _____

What is/was the site name? _____

- Does the applicant for licensure have ownership interest in a child-care center or family child-care home that is currently suspended, excluded, terminated, or involuntarily withdrawn from participation in the Child Care Assistance Program or any other governmental assistance program as the result of fraud or abuse of that program?

Yes No If yes, please explain: (attach additional sheet(s) if necessary)

Pursuant to 922 KAR 2:090 Section 5, each licensed center shall have a written evacuation plan that must be updated annually.

Pursuant to 922 KAR 2:110 Section 6(4), I understand that I am required to immediately notify the Office of Inspector General of any action or change that significantly impacts the operation of this child-care center.

The Health Insurance Portability and Accountability Act (HIPAA) requires that personally identifiable health information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public and to otherwise assure the privacy of such information. Your signature on this application indicates that you agree to comply with the requirements of HIPAA by protecting the confidentiality of employee and children’s health records in your possession.

I understand the Office of Inspector General has the authority to inspect the premises, child-care center and the records required by 922 KAR 2:090 and 2:110. All inspections of licensed child-care centers shall be unannounced.

Falsification of application information is grounds for denial or revocation of the license to operate a child-care center.

Your signature on this application indicates your understanding and compliance with this law.

I hereby attest that the information contained in this application is truthful and correct under penalty of perjury. This application may be withdrawn at any time the applicant so desires.

Signature of Licensee or Lead Representative

Title

Date

Print Full Name

Person completing application if *other than* Licensee or Lead Representative

Name: (Print)

Telephone number: ()

This application must be accompanied by a non-refundable certified check, business check or money order made payable to the “**Kentucky State Treasurer**” in the amount of **\$50.00**.

Make a copy of the completed **application** and mail the original application along with copies of any **required** (see lists below) **documentation** plus the **fee** to:

**Office of Inspector General
 Division of Regulated Child Care
 275 E. Main Street, 5 E-F
 Frankfort, KY 40621**

Building Documentation:

1. State Building Code/Fire Marshal Approval
2. Local Zoning Approval

Director Qualifying Documentation:

1. Education (Diploma, Degree, CDA, or Director Credential)
2. TB results or health professional statement
3. Completed National Background Check Program findings
4. Official Written Verification of previous full-time paid experience in a licensed center or certified home (up to 3 years – depending on educational level) or training documentation (if applicable)